

**UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT**  
Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

**MOTION INFORMATION STATEMENT**

**Docket Number(s):** \_\_\_\_\_ **Caption [use short title]** \_\_\_\_\_

**Motion for:** \_\_\_\_\_

Set forth below precise, complete statement of relief sought:

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**MOVING PARTY:** \_\_\_\_\_ **OPPOSING PARTY:** \_\_\_\_\_  
☐ Plaintiff ☐ Defendant  
☐ Appellant/Petitioner ☐ Appellee/Respondent

**MOVING ATTORNEY:** \_\_\_\_\_ **OPPOSING ATTORNEY:** \_\_\_\_\_  
[name of attorney, with firm, address, phone number and e-mail]

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Court-Judge/Agency appealed from: \_\_\_\_\_

**Please check appropriate boxes:**

Has movant notified opposing counsel (required by Local Rule 27.1):

☐ Yes ☐ No (explain): \_\_\_\_\_

Opposing counsel's position on motion:

☐ Unopposed ☐ Opposed ☐ Don't Know

Does opposing counsel intend to file a response:

☐ Yes ☐ No ☐ Don't Know

**FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND  
INJUNCTIONS PENDING APPEAL:**

Has request for relief been made below?

☐ Yes ☐ No

Has this relief been previously sought in this Court?

☐ Yes ☐ No

Requested return date and explanation of emergency: \_\_\_\_\_

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Is oral argument on motion requested? ☐ Yes ☐ No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set? ☐ Yes ☐ No If yes, enter date: \_\_\_\_\_

**Signature of Moving Attorney:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Has service been effected? ☐ Yes ☐ No [Attach proof of service]

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**ORDER**

**IT IS HEREBY ORDERED THAT** the motion is **GRANTED DENIED.**

**FOR THE COURT:**

CATHERINE O'HAGAN WOLFE, Clerk of Court

Date: \_\_\_\_\_

By: \_\_\_\_\_